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Serial No. 10/781,214  
Attorney Docket No: 160-033**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

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October 4, 2005  
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Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal x 2	2 pages
Fee Sheet x 2	2 pages
Information Disclosure Statement	2 pages
PTO Form 1449	1 page
Total including this sheet	<u>8 pages</u>

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/781,214
		Filing Date	02/18/2004
		First Named Inventor	Backes
		Group Art Unit	2665
		Examiner Name	Philpott
Total Number of Pages in This Submission		Attorney Docket Number	160-033

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) and letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Fee Sheet
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	
Date	9/30/05

CERTIFICATE OF MAILING OR FACSIMILE			
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Type or printed name	Christine M. Morrisette		
Signature		Date	10-4-05

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Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	<i>Mary Steubing</i>
Date	9/30/05

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Signature	<i>Christine M. Morrisette</i>
Date	10-4-05

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Serial Number 10/781.214 Filing Date 2/18/2004 First Named Inventor Backes Examiner Name Philpott Art Unit 2665 Attorney Docket No. 160-033	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER OCT 04 2005	
TOTAL AMOUNT OF PAYMENT (\$180.00)			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 502569 Deposit Account Name: Steubing McGuinness & Manaras LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: 20 or HP = 0 x 0 = \$ 0.00  
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 2 or HP = 2 x 0 = 0  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
29	-100 = 0	/50 = 0 (round up to a whole number)	x \$250.00 =	\$ 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

**\$180.00**

SUBMITTED BY		
Signature	Registration No. 37,946	Telephone 978-264-6664
Name (Print/Type) Mary Steubing		Date 9/30/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Backes	Group Art Unit: 2665 Examiner: Philpott	RECEIVED CENTRAL FAX CENTER OCT 04 2005
Serial No.: 10/781,214		
Filed: 2/18/2004		
Title: Method for Selecting an Optimum Access Point in a Wireless Network on a Common Channel		
Attorney Docket No.: 160-033		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

☐ under 37 CFR 1.97(b), or  
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

☒ under 37 CFR 1.97(c) together with either a:  
☐ Statement under 37 CFR 1.97(e), or  
☒ a \$180.00 fee under 37 CFR 1.17(p), or  
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

☐ under 37 CFR 1.97(d) together with a:  
☐ Statement under 37 CFR 1.97(e), and  
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).  
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

10/05/2005 HDEMESS1 00000015 502569 10781214

01 FC:1806 180.00 DA

Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

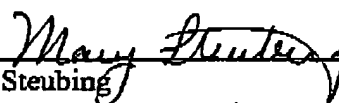
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Date of Deposit: 10-4-05

Typed Name: Christine M. Morrisette

Signature:



  
Mary Steubing  
Attorney/Agent for Applicant(s)  
Reg. No. 37,946

Date: 9/30/05

Telephone No.: 978-264-6664

FTO/SB/08A (10-01)

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Substitute for form 1449A/PTO				<b>Complete if Known</b> <table border="1"> <tr> <td>Application Number</td> <td>10/781,214</td> </tr> <tr> <td>Filing Date</td> <td>02/18/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Backos</td> </tr> <tr> <td>Art Unit</td> <td>2665</td> </tr> <tr> <td>Examiner Name</td> <td>Philpott</td> </tr> <tr> <td>Attorney Docket Number</td> <td>160-033</td> </tr> </table>		Application Number	10/781,214	Filing Date	02/18/2004	First Named Inventor	Backos	Art Unit	2665	Examiner Name	Philpott	Attorney Docket Number	160-033
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Attorney Docket Number	160-033																
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>																	
Sheet	1	of	1														

[illegible][illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04.

Enter Office that issued the document by the two-letter code (WIPO Standard ST.3). <sup>3</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>4</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>5</sup>Applicant is to place a check mark here if English language translation is attached.

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